S. aureus:

- Methicillin (Oxacillin) sensitive Staph. spp. is susceptible to all B-lactam antibiotics including combination agents e.g. (Amoxacillin-Clavulanate, Piperacillin-tazobactam) Oral cephalosporins, parentral cephalosporins and Carbapenems.

- Methicillin (Oxacillin) resistant Staph. spp. is resistant to all B-lactam antibiotics including combination agents e.g. (Amoxacillin-Clavulanate, Piperacillin-tazobactam) Oral cephalosporins, parentral cephalosporins and Carbapenems.

For staphylococci that test susceptible, gentamicin is used only in combination with other active agents that test susceptible. < For invasive infections only if gentamicin is considered to be reported.

GBS:

- Routine susceptibility testing for GBS is not required since GBS isolates are generally susceptible to penicillin, ampicillin, cefazolin, and vancomycin.

Entobacterals:

- Cefazolin is a surrogate test for Oral Cephalosporins to predict results for the oral agents “cefaclor, cefdinir, cefpodoxime, cefprozil, cefuroxime, cephalexin, and loracarbef"

Salmonella:

-Antimicrobial therapy is generally not indicated for patients with uncomplicated gastroenteritis caused by nontyphoidal Salmonella spp. Please correlate with patient history, clinical and laboratory data.

Others:

No growth was isolated after 48 hours of aerobic and anaerobic incubation at 37°C, both with and without enrichment.

No Growth with Sterile pyuria:

- This is a case of sterile pyuria. It's important to consider factors like antibiotic usage, potential noninfectious triggers, and bacteria that might not thrive on standard culture media as potential contributors to the current clinical state

Mixed Non-Significant growth with significant pyuria:

- In spite of significant pyuria, non-significant mixed growth was obtained. It's important to consider factors like antibiotic usage, potential noninfectious triggers, and bacteria that might not thrive on standard culture media as potential contributors to the current clinical state.

- This is a case of significant bacteruria, without significant pyuria. Some of these cases may need treatment. Clinical correlation is required.

- Many positive cultures from non-sterile sites could represent contamination or colonization and may not need to be treated, for your clinical correlation.

Negative AFB:

"A negative AFB smear does not rule out mycobacterial infection, especially in suboptimal or low-bacterial-load samples. Clinical correlation and further testing are advised if infection is suspected."

Semen analysis:

- No sperms seen in the sample, indicating azoospermia.
- Motility can not be assessed due to lack of sperms/ low sperm count.

- Morphology can not be assessed due to lack of sperms/ low sperm count.

Respiratory Panel:

The QIAstat-Dx Respiratory Panel is a qualitative test intended for analyzing nasopharyngeal swab (NPS) samples both dry swabs and transport medium liquid samples for the presence of viral or bacterial nucleic acids on the QIAstat-Dx Analyzer 1.0 for integrated nucleic acid extraction and multiplex real-time RT-PCR detection.

Positive results do not distinguish between a viable or replicating organism and the presence of a nonviable organism or nucleic acid. Nucleic acid may persist in some patients for days to weeks, even following appropriate therapy. A negative result should not rule out infection in patients with a high pretest probability for infection. The assay does not test for all potentially infectious agents for this disease. Specimens collected too early or too late in the clinical course may not yield the organism causing disease. Clinical correlation is highly recommended.

GI panel:

The QIAstat-Dx® Gastrointestinal Panel is a qualitative test intended for analyzing stool samples taken from patients suspected of gastrointestinal infection for the presence of viral, parasitic or bacterial nucleic acids on QIAstat-Dx Analyzer 1.0 for integrated nucleic acid extraction and multiplex real-time RT-PCR detection.

Positive results do not distinguish between a viable or replicating organism and the presence of a nonviable organism or nucleic acid. Nucleic acid may persist in some patients for days to weeks, even following appropriate therapy. A negative result should not rule out infection in patients with a high pretest probability for infection. The assay does not test for all potentially infectious agents for this

disease. Specimens collected too early or too late in the clinical course may not yield the organism causing disease. Clinical correlation is highly recommended.

Negative Flu:

This is a Rapid Influenza Diagnostic Test (RIDT) for seasonal influenza A and B.
Due to limited sensitivity, negative results do not rule out influenza in symptomatic patients; molecular testing may be needed.

Pneumonia Panel:

Detection of bacterial nucleic acid may indicate colonization or normal flora and does not confirm the causative agent of pneumonia.
Semi-quantitative Bin (copies/mL) results are not equivalent to CFU/mL and may not correlate with bacterial load in culture.
Positive results do not distinguish viable organisms from nonviable ones, and nucleic acids may persist after treatment.
A negative result does not rule out infection in high-risk patients. Clinical correlation is essential.

Clostridium difficile:

Positive PCR results for Clostridium difficile in the absence of detectable toxin antigens may be due to false-negative serological testing, absence of toxin production in the sample, or asymptomatic colonization. Clinical correlation is essential. Other potential causes of diarrhea, including non-infectious etiologies, should also be considered.

CONS in a single blood culture bottle:

Coagulase-negative Staphylococci (CONS) are common skin flora; however, they are frequently associated with catheter-related bloodstream infections (CRBSI). At least growth of the same organism

from 2 sets is required to exclude contamination during sample collection. Please correlate with the clinical presentation.

M2 pyruvate kinase (M2PK):

M1PK is a non-invasive immunochromatographic screening method for the early detection of colorectal cancer and precancerous polyps. Positive results should be confirmed by further testing e.g. Endoscopy, if clinically indicated.